

Instructions for completing the External J-125

Section I. USER INFORMATION - Check box for NON-DES EMPLOYEE.

Name – enter the full name (last name first) of the user requesting access to the DES computer system.

Employee ID No. – enter the user's 9-digit Employee ID Number (EIN) or leave box blank.

Site Code – N/A

Phone No. – enter the area code and phone number of the user requesting access to the DES computer system.

Cost Center – N/A

Physical Work Location – enter the address of the user requesting access to the DES computer system.

Employee's E-Mail Address – enter the e-mail address of the user requesting access to the DES computer system.

Organization Name – AHCCCS/Member Services.

Division/Department – KIDSCARE or SSI/MAO. All other offices leave blank.

Title/Job Description – enter the title of the user requesting access to the DES computer system. For example, put Public Services Eval, Customer Service Rep, Policy and Projects Specialist, etc. **(No acronyms)**

Section II. ACCESS – Check applicable box for one of the selections below.

Add New User - check this box to request a user be added who is not currently a user of the DES computer system.

Reinstate User - check this box to request reinstatement/reactivation of a user who has previously had a logonid and DES access.

Additional Access - check this box to request additional access for a user who currently has access to the DES computer system.

Remove - check this box to request removal of any part of a user's access from the DES computer system.

Terminate All Access - check this box to request a user be completely removed from the DES computer system.

Current/Past Logonid - enter the existing or known previous logonid/userid of the user (the VOXX#### or D##### logonid).

Start Date - for a new user or reinstatement request, enter the requested date of access.

End Date - for a termination, enter the last date user will need access.

CICS3 - check this box and on the line next to the box fill in the name of the application system you are requesting access to. DMS staff may request **GUIDE, AZTECS**.

LAN/WAN – N/A

OTHER – Only LTC staff may request **Focus**. Check this box and on the line next to the box fill in **Focus**. Also enter person's AHCCCS network ID on this line (used as **Focus** ID and initial password).

Section III. CERTIFICATION

Supervisor's E-mail Address – Randy.Lamarsh@azahcccs.gov.

Organization Name - enter AHCCCS.

Date – enter the date of the request

Supervisor's Name – enter Randy Lamarsh for “name of the requesting supervisor or his/her designee”.

Site Code – N/A

Phone No. – enter the area code and phone number of the requesting supervisor or his/her designee.

Supervisor's Signature – N/A for electronic submission.

Address and ZIP- enter the address of the requesting supervisor or his/her designee.

Section IV. RESERVED FOR DES SECURITY ANALYST

Incomplete forms can cause a delay in processing this request.